I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SARA OLEARY

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

SIGNATURE: SARA OLEARY Electronic Signature of Registered Agent

Officer/Director Detail	;	

Officer/Director Detail :					
Title	TREASURER, PRESIDENT	Title	DIRECTOR		
Name	OLEARY, SARA	Name	CRISTINA, CHARLENE		
Address	770 CYPRESS ST	Address	1842 SE FLORESTA DRIVE		
City-State-Zip:	PORT ST. LUCIE FL 34952	City-State-Zip:	PORT ST LUCIE FL 34983		

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Current Principal Place of Business: 8280 BUSINESS PARK DRIVE

PORT ST. LUCIE. FL 34952

DOCUMENT# N11000005633

Current Mailing Address:

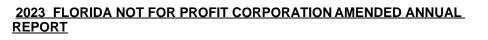
8280 BUSINESS PARK DRIVE PORT ST. LUCIE, FL 34952 US

FEI Number: 45-2519918

Name and Address of Current Registered Agent:

Entity Name: GOOD SAMARITAN MINISTRIES, INC.

OLEARY, SARA 8280 BUSINESS PARK DRIVE PORT ST. LUCIE, FL 34952 US



Certificate of Status Desired: No

02/21/2023 Date

02/21/2023

FILED Feb 21, 2023 Secretary of State 9753284384CC

Date